Report Documentation Page

Form Approved
OMB No. 0704-0188

1. REPORT DATE	2. REPORT TYPE	3. DATES COVERED
01 JUN 2007	**N/A**	**-**

4. TITLE AND SUBTITLE	5a. CONTRACT NUMBER
Burn care in Iraq	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
Cancio L. C.,	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)	8. PERFORMING ORGANIZATION REPORT NUMBER
United States Army Institute of Surgical Research, JBSA Fort Sam Houston, TX 78234	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release, distribution unlimited

13. SUPPLEMENTARY NOTES

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			
unclassified	**unclassified**	**unclassified**	**SAR**	**1**	

Burn Care in Iraq

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J Trauma. 2007;62:S70.

The objective of this presentation was to review lessons learned from 3 years of combat burn care in Iraq from 2003 to the present. The focus is on non-US personnel. In 2003, the U.S. Army Burn Center (ISR) deployed a burn surgeon to the Central Command area. This surgeon provided Advanced Burn Life Support training with additional combat-oriented modules, and direct patient care aboard the USNS Comfort. Lessons learned from that deployment included the need to take care of civilians of all ages. Some of these patients will require definitive care and there is a need for burn expertise among deployed personnel. Burn care in the theater of operations is logistically demanding.

Thereafter, the Comfort redeployed and the Central Command Surgeon designated the 28th Combat Support Hospital (CSH) as the regional burn facility to support U.S. forces. This CSH was initially established in a tent configuration and later occupied Ibn Sina Hospital, in the international zone in Baghdad, Iraq. In the tent configuration, the 28th CSH provided burn intensive care and ward care. In total, this unit admitted 86 patients with burns, or 5% of the total number of admissions. The mean length of stay for Iraqis was longer than that for U.S. and other coalition personnel, i.e. 10 versus 2 days. Subsequently, ISR has deployed a surgeon to the CSH at Ibn Sina Hospital continuously. In a relatively austere general hospital environment, burn care has been provided with a focus on the fundamentals, to include topical antimicrobials, bedside nursing care, and excision and grafting of deep burns. Newer technologies such as silver dressings, Biobrane®, and negative pressure dressings have been useful in selected cases. From June 2005 to September 2006, 95 non-U.S. personnel were treated at this hospital. The mean age was 24 years, mean total burn size 27%, and mortality 27%. Mortality was 7 of 79 for TBSA 1% to 50%, and 15 of 16 for total burn surface area (TBSA) 51% to 100%. Burn care was more difficult in the absence of burn-trained occupational therapists, physical therapists, nurses, and other team members. Facilities for bathing patients did not exist. In the absence of trained personnel, non-surgeons and even non-medical personnel were trained to assist in burn care. Training for Iraqi personnel and developing facilities for burn care in Iraq are ongoing projects. The difficulties were matched by the rewards of providing care in this environment.

This article was written for the proceedings from a conference entitled *12th Annual San Antonio Trauma Symposium* in San Antonio, Texas. The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense.

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DOI: 10.1097/TA.0b013e318065aea0